



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

BALLOT QUESTION COMMITTEE  
COVER PAGE

FILED

06 AUG 10 PM 4:32

CARROLLA SABAUGH  
MACOMB COUNTY CLERK  
MT. CLEMENS, MICHIGAN

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the  
treasurer or designated record keeper.

3. This Statement covers From: 4-17-06 To 5-22-06  
Mo Day Year Mo Day Year

1. Committee I.D. Number

137553

4. Committee's Mailing Address

30695 TENNESSEE  
ROSEVILLE, MICH. 48066

2. Committee Name

EXCELLENCE IN EDUCATION

Area Code and Phone ( ) 586-296-7374  
If the address in this box is different from the committee mailing address on  
the Statement of Organization, mail may be sent to this address by the filing  
official.

5. Treasurer's Name and Residential Address

LORI COOK  
30695 TENNESSEE ; ROSEVILLE, MI 48066

Area Code and Phone ( )

586-296-7374

6. Treasurer's Business Address

7. Designated Record Keeper's Name and Mailing Address  
(If the committee has a Designated Record Keeper)

Area Code and Phone ( )

Area Code and Phone ( )

## 8. TYPE OF STATEMENT:

8a. ☐ PRE-ELECTION

OR

8b. ☒ POST-ELECTION

Pre-Election or Post-Election Statement relates to:

☐ PRIMARY☐ GENERAL☒ SCHOOL☐ SPECIAL

5 - 2 - 06  
Month Day Year

8c. ☐ ANNUAL STATEMENT  
(Coverage Year)8d. ☐ QUALIFICATION  
OR
☐ NON-QUALIFICATION  
STATEMENT (Required of  
State-wide Ballot Question  
Committees Only)

Date of Qualification or Non-  
Qualification:

Month Day Year

8e. ☒ AMENDMENT TO CAMPAIGN  
STATEMENT

(Complete Item 8a, 8b, 8c 8d, or 8f to  
indicate which Statement is being amended)

8f. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

Month Day Year

By checking this item, I certify that the  
committee has no assets or outstanding debts,  
including late filing fees. Note: The disposition  
of residual funds must be reported on Schedule  
4B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold.

If any of the information listed in items 4, 5, 6, or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or  
Designated Record Keeper

LORI M. COOK  
Type or Print Name

Signature

8-10-06  
Date Month Day Year



MICHIGAN DEPARTMENT OF STATE  
Bureau of Elections

ITEMIZED CONTRIBUTIONS  
SCHEDULE 4A  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553

2. Committee Name Excellence in Education

Please enter contributors name and address. If contribution is from an individual, enter last name, first name, middle initial.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name: <u>Lova, Dan</u> Address: <u>26630 Oak ; Roseville, Mi 48066</u> 4. Date of Receipt <u>4/28/06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$ 30.00	
3. Contribution # 2 Name: <u>Hart, Carmel</u> Address: <u>26017 Lyall ; Roseville Mi 48066</u> 4. Date of Receipt <u>4-28-06</u> 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input checked="" type="checkbox"/> Fund Raiser		\$20.00	
3. Contribution # 3 Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution # 4 Name: _____ Address: _____ 4. Date of Receipt _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
Page Subtotal) Grand Total of All Schedules 4A (Complete on last page of Schedule)		50.00 1676.00	

Enter this total  
on line 3a of  
Summary  
Page



MICHIGAN DEPARTMENT OF STATE  
BUREAU OF ELECTIONS

FUND RAISER  
SCHEDULE 4F  
BALLOT QUESTION COMMITTEE

1. Committee I.D. Number 137553  
2. Committee Name EXCELLENCE IN EDUCATION

- USE A SEPARATE SHEET FOR EACH EVENT -

3. Date Event Was Held <u>4-27-06</u> Month Day Year	4. Number of Individuals Attending or Participating (whichever is greater) <u>120</u>	5. Type of Fund Raising Activity <u>SPAGHETTI DINNER</u>	6. Address and Name (If any) of the place where the activity was held <u>ST DONALD CHURCH</u> <u>ROSEVILLE, MI</u> <input type="checkbox"/> Private Residence
7. Total Contributions \$ <u>1176.00</u>			
8. Other Receipts \$ <u>                    </u>			
9. Gross Receipts (Add lines 7 and 8) \$ <u>1176.00</u>			
10. Total Cost of Event \$ <u>521.93</u> *Includes In-Kind Contributions and All Expenditures Made For the Event			

11. ☐ Check if event was a joint fund raiser and complete the following:

Co-Sponsor(s)	Contribution Split (%)	Expenditure Split (%)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

The committee is required to file a separate Fund Raiser Schedule for each fund raising event held during the period covered by the Campaign Statement.

- Receipts and expenditures listed on a Fund Raiser Schedule must also be reported on the Itemized Contributions Schedule (4A), Itemized In-Kind Contributions Schedule (4-IK), Itemized Expenditures Schedule (4B) and the Summary Page.
- Each committee that participated in a joint fundraiser must file a Fund Raiser Schedule for the event.

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